

APPENDIX B.4

REGIONAL RESOURCES FORM

Region:		
Contact Person or Agency: (should be 24-hour contact and phone number)		
Primary:	Alternate: (If primary is an individual, please designate an alternate)	
Name:	Name:	
Telephone No:	Telephone No:	
Fax No:	Fax No:	

Resources	Regional Resources Available	
	STRIKE TEAMS	SINGLE RESOURCES
Advanced Life Support (ALS)		
Basic Life Support (BLS)		
Ladder/Truck		
Structural Engine		
Tender		
Wildland Engine		
	TASK FORCES	
EMS		
Interface		
Rural		
Urban		
Wildland		
SPECIALIZED (Define and list specialized resources)		

Date:	Person Submitting: Telephone Number:
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